

# Asking for a Divorce or Legal Separation

These questions are asked on a number of forms. If you enter the information here, it can save you time. As you go through the forms, you can ask the self-help center staff for more help.

Your First and Middle Name:

Your Last Name:

Your Street Address:

Your City, State, and Zip:

Your Telephone Number:

Your Spouse's First and Middle Name:

Your Spouse's Last Name:

Type of Case: ☐ Divorce ☐ Legal Separation

Court Name:

Court Street Address:

Court Mailing Address:

Court City, State, and Zip:

Branch Name:

First Child's Full Name:

First Child's Date of Birth: Month:      Day:      Year:

First Child's Place of Birth:

First Child's Age:

First Child's Sex:

Second Child's Full Name:

Second Child's Date of Birth: Month:      Day:      Year:

Second Child's Place of Birth:

Second Child's Age:

Second Child's Sex:

Third Child's Full Name:

Third Child's Date of Birth: Month:      Day:      Year:

Third Child's Place of Birth:

Third Child's Age:

Third Child's Sex:

**SUMMONS (Family Law)****CITACIÓN (Derecho familiar)****NOTICE TO RESPONDENT (Name):****AVISO AL RESPONDEDOR (Nombre):**FOR COURT USE ONLY  
(SÓLO PARA USO DE LA CORTE)**You are being sued. Lo están demandando.****Petitioner's name is:****Nombre del solicitante:**

CASE NUMBER (NÚMERO DE CASO):

You have **30 calendar days** after this *Summons* and *Petition* are served on you to file a *Response* (form FL-120 or FL-123) at the court and have a copy served on the petitioner. A letter or phone call will not protect you.

If you do not file your *Response* on time, the court may make orders affecting your marriage or domestic partnership, your property, and custody of your children. You may be ordered to pay support and attorney fees and costs. If you cannot pay the filing fee, ask the clerk for a fee waiver form.

If you want legal advice, contact a lawyer immediately. You can get information about finding lawyers at the California Courts Online Self-Help Center ([www.courtinfo.ca.gov/selfhelp](http://www.courtinfo.ca.gov/selfhelp)), at the California Legal Services Web site ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)), or by contacting your local county bar association.

**Tiene 30 días corridos** después de haber recibido la entrega legal de esta Citación y Petición para presentar una Respuesta (formulario FL-120 ó FL-123) ante la corte y efectuar la entrega legal de una copia al solicitante. Una carta o llamada telefónica no basta para protegerlo.

Si no presenta su Respuesta a tiempo, la corte puede dar órdenes que afecten su matrimonio o pareja de hecho, sus bienes y la custodia de sus hijos. La corte también le puede ordenar que pague manutención, y honorarios y costos legales. Si no puede pagar la cuota de presentación, pida al secretario un formulario de exención de cuotas.

Si desea obtener asesoramiento legal, póngase en contacto de inmediato con un abogado. Puede obtener información para encontrar a un abogado en el Centro de Ayuda de las Cortes de California ([www.sucorte.ca.gov](http://www.sucorte.ca.gov)), en el sitio Web de los Servicios Legales de California ([www.lawhelpcalifornia.org](http://www.lawhelpcalifornia.org)) o poniéndose en contacto con el colegio de abogados de su condado.

**NOTICE:** The restraining orders on page 2 are effective against both spouses or domestic partners until the petition is dismissed, a judgment is entered, or the court makes further orders. These orders are enforceable anywhere in California by any law enforcement officer who has received or seen a copy of them.

**AVISO:** Las órdenes de restricción que figuran en la página 2 valen para ambos cónyuges o pareja de hecho hasta que se despida la petición, se emita un fallo o la corte dé otras órdenes. Cualquier autoridad de la ley que haya recibido o visto una copia de estas órdenes puede hacerlas acatar en cualquier lugar de California.

1. The name and address of the court are (El nombre y dirección de la corte son):

2. The name, address, and telephone number of the petitioner's attorney, or the petitioner without an attorney, are:  
(El nombre, dirección y número de teléfono del abogado del solicitante, o del solicitante si no tiene abogado, son):

Date (Fecha): \_\_\_\_\_ Clerk, by (Secretario, por) \_\_\_\_\_, Deputy (Asistente)

[SEAL]

**NOTICE TO THE PERSON SERVED:** You are served  
**AVISO A LA PERSONA QUE RECIBIÓ LA ENTREGA:** Esta entrega se realiza

- a. ☐ as an individual. (a usted como individuo.)  
b. ☐ on behalf of respondent who is a (en nombre de un respondedor que es):  
(1) ☐ minor (menor de edad)  
(2) ☐ ward or conservatee (dependiente de la corte o pupilo)  
(3) ☐ other (specify) (otro – especifique):

(Read the reverse for important information.)  
(Lea importante información al dorso.)

### WARNING—IMPORTANT INFORMATION

**WARNING:** California law provides that, for purposes of division of property upon dissolution of a marriage or domestic partnership or upon legal separation, property acquired by the parties during marriage or domestic partnership in joint form is presumed to be community property. If either party to this action should die before the jointly held community property is divided, the language in the deed that characterizes how title is held (i.e., joint tenancy, tenants in common, or community property) will be controlling, and not the community property presumption. You should consult your attorney if you want the community property presumption to be written into the recorded title to the property.

### STANDARD FAMILY LAW RESTRAINING ORDERS

**Starting immediately, you and your spouse or domestic partner are restrained from**

1. removing the minor child or children of the parties, if any, from the state without the prior written consent of the other party or an order of the court;
2. cashing, borrowing against, canceling, transferring, disposing of, or changing the beneficiaries of any insurance or other coverage, including life, health, automobile, and disability, held for the benefit of the parties and their minor child or children;
3. transferring, encumbering, hypothecating, concealing, or in any way disposing of any property, real or personal, whether community, quasi-community, or separate, without the written consent of the other party or an order of the court, except in the usual course of business or for the necessities of life; and
4. creating a nonprobate transfer or modifying a nonprobate transfer in a manner that affects the disposition of property subject to the transfer, without the written consent of the other party or an order of the court. Before revocation of a nonprobate transfer can take effect or a right of survivorship to property can be eliminated, notice of the change must be filed and served on the other party.

You must notify each other of any proposed extraordinary expenditures at least five business days prior to incurring these extraordinary expenditures and account to the court for all extraordinary expenditures made after these restraining orders are effective. However, you may use community property, quasi-community property, or your own separate property to pay an attorney to help you or to pay court costs.

### ADVERTENCIA – INFORMACIÓN IMPORTANTE

**ADVERTENCIA:** De acuerdo a la ley de California, las propiedades adquiridas por las partes durante su matrimonio o pareja de hecho en forma conjunta se consideran propiedad comunitaria para los fines de la división de bienes que ocurre cuando se produce una disolución o separación legal del matrimonio o pareja de hecho. Si cualquiera de las partes de este caso llega a fallecer antes de que se divida la propiedad comunitaria de tenencia conjunta, el destino de la misma quedará determinado por las cláusulas de la escritura correspondiente que describen su tenencia (por ej., tenencia conjunta, tenencia en común o propiedad comunitaria) y no por la presunción de propiedad comunitaria. Si quiere que la presunción comunitaria quede registrada en la escritura de la propiedad, debería consultar con un abogado.

### ÓRDENES DE RESTRICCIÓN NORMALES DE DERECHO FAMILIAR

**En forma inmediata, usted y su cónyuge o pareja de hecho tienen prohibido:**

1. Llevarse del estado de California a los hijos menores de las partes, si los hubiere, sin el consentimiento previo por escrito de la otra parte o una orden de la corte;
2. Cobrar, pedir prestado, cancelar, transferir, deshacerse o cambiar el nombre de los beneficiarios de cualquier seguro u otro tipo de cobertura, tal como de vida, salud, vehículo y discapacidad, que tenga como beneficiario(s) a las partes y su(s) hijo(s) menor(es);
3. Transferir, gravar, hipotecar, ocultar o deshacerse de cualquier manera de cualquier propiedad, inmueble o personal, ya sea comunitaria, cuasicomunitaria o separada, sin el consentimiento escrito de la otra parte o una orden de la corte, con excepción las operaciones realizadas en el curso normal de actividades o para satisfacer las necesidades de la vida; y
4. Crear o modificar una transferencia no testamentaria de manera que afecte el destino de una propiedad sujeta a transferencia, sin el consentimiento por escrito de la otra parte o una orden de la corte. Antes de que se pueda eliminar la revocación de una transferencia no testamentaria, se debe presentar ante la corte un aviso del cambio y hacer una entrega legal de dicho aviso a la otra parte.

Cada parte tiene que notificar a la otra sobre cualquier gasto extraordinario propuesto, por lo menos cinco días laborales antes de realizarlo, y rendir cuenta a la corte de todos los gastos extraordinarios realizados después de que estas órdenes de restricción hayan entrado en vigencia. No obstante, puede usar propiedad comunitaria, cuasicomunitaria o suya separada para pagar a un abogado o para ayudarlo a pagar los costos de la corte.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
<b>MARRIAGE OF</b> PETITIONER:  RESPONDENT:	
<b>PETITION FOR</b> <input type="checkbox"/> <b>Dissolution of Marriage</b> <input type="checkbox"/> <b>Legal Separation</b> <input type="checkbox"/> <b>Nullity of Marriage</b> <div style="float: right; margin-top: -20px;"> <input type="checkbox"/> <b>AMENDED</b> </div>	
CASE NUMBER:	

1. RESIDENCE (Dissolution only) ☐ Petitioner ☐ Respondent has been a resident of this state for at least six months and of this county for at least three months immediately preceding the filing of this *Petition for Dissolution of Marriage*.

2. STATISTICAL FACTS

- a. Date of marriage: \_\_\_\_\_ c. Time from date of marriage to date of separation (specify):  
 b. Date of separation: \_\_\_\_\_ Years: \_\_\_\_\_ Months: \_\_\_\_\_

3. DECLARATION REGARDING MINOR CHILDREN (include children of this relationship born prior to or during the marriage or adopted during the marriage):

- a. ☐ There are no minor children.  
 b. ☐ The minor children are:

<u>Child's name</u>	<u>Birthdate</u>	<u>Age</u>	<u>Sex</u>
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☐ Continued on Attachment 3b.

- c. If there are minor children of the Petitioner and Respondent, a completed *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105) must be attached.  
 d. ☐ A completed voluntary declaration of paternity regarding minor children born to the Petitioner and Respondent prior to the marriage is attached.

4. SEPARATE PROPERTY

Petitioner requests that the assets and debts listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 4  
☐ below be confirmed as separate property.  
Item Confirm to

**NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.**

MARRIAGE OF (last name, first name of parties):  _____	CASE NUMBER:  _____
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5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN

- a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
- b. ☐ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.  
☐ below (specify):

6. **Petitioner requests**

- |  |  |
|--|--|
| <p>a. <input type="checkbox"/> dissolution of the marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>b. <input type="checkbox"/> legal separation of the parties based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>c. <input type="checkbox"/> nullity of void marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.)</p> | <p>d. <input type="checkbox"/> nullity of voidable marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> petitioner's age at time of marriage. (Fam. Code, § 2210(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).)</p> <p style="margin-left: 20px;">(3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).)</p> <p style="margin-left: 20px;">(4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).)</p> <p style="margin-left: 20px;">(5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).)</p> <p style="margin-left: 20px;">(6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).)</p> |
|--|--|

7. **Petitioner requests** that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- |  | Petitioner               | Respondent               | Joint                    | Other                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 7c. |                          |                          |                          |                          |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| e. Attorney fees and costs payable by .....  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| f. Spousal support payable to (earnings assignment will be issued) .....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Respondent.   |                          |                          |                          |                          |
| h. <input type="checkbox"/> Property rights be determined.   |                          |                          |                          |                          |
| i. <input type="checkbox"/> Petitioner's former name be restored to (specify):   |                          |                          |                          |                          |
| j. <input type="checkbox"/> Other (specify):   |                          |                          |                          |                          |

☐ Continued on Attachment 7j.

8. **Child support**—If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

9. **I HAVE READ THE RESTRAINING ORDERS ON THE BACK OF THE SUMMONS, AND I UNDERSTAND THAT THEY APPLY TO ME WHEN THIS PETITION IS FILED.**

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

<p>Date: _____</p> <p style="text-align: center;">(TYPE OR PRINT NAME)</p>	<p style="text-align: center;">▶</p> <p>_____</p> <p style="text-align: center;">(SIGNATURE OF PETITIONER)</p>
<p>Date: _____</p> <p style="text-align: center;">(TYPE OR PRINT NAME)</p>	<p style="text-align: center;">▶</p> <p>_____</p> <p style="text-align: center;">(SIGNATURE OF ATTORNEY FOR PETITIONER)</p>

**NOTICE:** Dissolution or legal separation may automatically cancel the rights of a spouse under the other spouse's will, trust, retirement plan, power of attorney, pay on death bank account, survivorship rights to any property owned in joint tenancy, and any other similar thing. It does not automatically cancel the right of a spouse as beneficiary of the other spouse's life insurance policy. You should review these matters, as well as any credit cards, other credit accounts, insurance policies, retirement plans, and credit reports to determine whether they should be changed or whether you should take any other actions. However, some changes may require the agreement of your spouse or a court order (see Family Code sections 231–235).

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<input type="checkbox"/> <b>PETITIONER'S</b> <input type="checkbox"/> <b>RESPONDENT'S</b> <input type="checkbox"/> <b>COMMUNITY AND QUASI-COMMUNITY PROPERTY DECLARATION</b> <input type="checkbox"/> <b>SEPARATE PROPERTY DECLARATION</b>	CASE NUMBER:

**INSTRUCTIONS**

When this form is attached to the *Petition* or *Response*, values and your proposal regarding division need not be completed. Do not list community, including quasi-community, property with separate property on the same form. Quasi-community property must be so identified. For additional space, use *Continuation of Property Declaration* (form FL-161).

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
1.	REAL ESTATE	\$	\$	\$	\$	\$
2.	HOUSEHOLD FURNITURE, FURNISHINGS, APPLIANCES					
3.	JEWELRY, ANTIQUES, ART, COIN COLLECTIONS, etc.					
4.	VEHICLES, BOATS, TRAILERS					

ITEM NO.	BRIEF DESCRIPTION	GROSS FAIR MARKET VALUE	AMOUNT OF DEBT	NET FAIR MARKET VALUE	PROPOSAL FOR DIVISION	
					Award to: PETITIONER	RESPONDENT
5.	SAVINGS, CHECKING, CREDIT UNION, CASH	\$	\$	\$	\$	\$
6.	LIFE INSURANCE (CASH VALUE)					
7.	EQUIPMENT, MACHINERY, LIVESTOCK					
8.	STOCKS, BONDS, SECURED NOTES					
9.	RETIREMENT, PENSION, PROFIT-SHARING, ANNUITIES					
10.	ACCOUNTS RECEIVABLE, UNSECURED NOTES, TAX REFUNDS					
11.	PARTNERSHIPS, OTHER BUSINESS INTERESTS					
12.	OTHER ASSETS AND DEBTS					
13.	TOTAL FROM CONTINUATION SHEET					
14.	TOTALS					

15. ☐ A *Continuation of Property Declaration* (form FL-161) is attached and incorporated by reference.

16. This form ☐ does ☐ does not contain the locations of, or identifying information about, the assets and debts listed.  
NOTE: If the form does contain such information, you may ask the court to seal this document by completing and submitting an *Ex Parte Application and Order to Seal Financial Forms* (form FL-316).

I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the foregoing is a true and correct listing of assets and obligations and the amounts shown are correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE)

- |   |  |                |   |               |              |
|---|--|----------------|---|---------------|--------------|
| a. Child's name   |  | Place of birth |   | Date of birth | Sex          |
| Period of residence<br>to present   | Address<br><input type="checkbox"/> Confidential |                | Person child lived with ( <i>name and present address</i> ) |               | Relationship |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
| b. Child's name   |  | Place of birth |   | Date of birth | Sex          |
| <input type="checkbox"/> Residence information is the same as given above for child a.<br>(If NOT the same, provide the information below.) |  |                |   |               |              |
| Period of residence<br>to present   | Address<br><input type="checkbox"/> Confidential |                | Person child lived with ( <i>name and present address</i> ) |               | Relationship |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |
|   |  |                |   |               |              |

- Form Approved for Optional Use  
Judicial Council of California  
FL-105/GC-120 [Rev. January 1, 2003]

**DECLARATION UNDER UNIFORM CHILD CUSTODY  
JURISDICTION AND ENFORCEMENT ACT (UCCJEA)**

Family Code, § 3400 et seq.  
Probate Code, §§ 1510(f), 1512  
[www.courtinfo.ca.gov](http://www.courtinfo.ca.gov)

Page 1 of 2



SHORT TITLE: _____	CASE NUMBER:
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4. Have you participated as a party or a witness or in some other capacity in another litigation or custody proceeding, in California or elsewhere, concerning custody of a child subject to this proceeding?

☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Capacity of declarant: ☐ party ☐ witness ☐ other (specify):

c. Court (specify name, state, location):

d. Court order or judgment (date):

5. Do you have information about a custody proceeding pending in a California court or any other court concerning a child subject to this proceeding, other than that stated in item 4?

☐ No ☐ Yes (If yes, provide the following information:)

a. Name of each child:

b. Nature of proceeding: ☐ dissolution or divorce ☐ guardianship ☐ adoption ☐ other (specify):

c. Court (specify name, state, location):

d. Status of proceeding:

6. Do you know of any person who is not a party to this proceeding who has physical custody or claims to have custody of or visitation rights with any child subject to this proceeding?

☐ No ☐ Yes (If yes, provide the following information:)

a. Name and address of person          <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Has physical custody           <input type="checkbox"/> Claims custody rights           <input type="checkbox"/> Claims visitation rights         </div>	b. Name and address of person          <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Has physical custody           <input type="checkbox"/> Claims custody rights           <input type="checkbox"/> Claims visitation rights         </div>	c. Name and address of person          <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Has physical custody           <input type="checkbox"/> Claims custody rights           <input type="checkbox"/> Claims visitation rights         </div>
Name of each child	Name of each child	Name of each child

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)	(SIGNATURE OF DECLARANT)

7. ☐ Number of pages attached after this page:

**NOTICE TO DECLARANT:** You have a continuing duty to inform this court if you obtain any information about a custody proceeding in a California court or any other court concerning a child subject to this proceeding.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):     <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>PROOF OF SERVICE OF SUMMONS</b>	
CASE NUMBER:	

1. At the time of service I was at least 18 years of age and not a party to this action. **I served the respondent with copies of:**
- a. ☐ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
  - or—
  - b. ☐ Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
  - or—
  - c. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
  - or—
  - d. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
  - and
  - e. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act* (form FL-105)
  - (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
  - (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
  - (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
  - (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
  - (6) ☐ Completed and blank *Property Declaration* (form FL-160)
  - (7) ☐ *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
  - (8) ☐ Other (specify):
2. Address where respondent was served:
3. I served the respondent by the following means (check proper box):
- a. ☐ **Personal service.** I personally delivered the copies to the respondent (Code Civ. Proc., § 415.10) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_
  - b. ☐ **Substituted service.** I left the copies with or in the presence of (name): \_\_\_\_\_ who is (specify title or relationship to respondent): \_\_\_\_\_
    - (1) ☐ **(Business)** a person at least 18 years of age who was apparently in charge at the office or usual place of business of the respondent. I informed him or her of the general nature of the papers
    - (2) ☐ **(Home)** a competent member of the household (at least 18 years of age) at the home of the respondent. I informed him or her of the general nature of the papers

PETITIONER:	CASE NUMBER:
RESPONDENT:	

3. b. (cont.) on (date): \_\_\_\_\_ at (time): \_\_\_\_\_

I thereafter mailed additional copies (by first class, postage prepaid) to the respondent at the place where the copies were left (Code Civ. Proc., § 415.20b) on (date): \_\_\_\_\_

A **declaration of diligence** is attached, stating the actions taken to first attempt personal service.

c. ☐ **Mail and acknowledgment service.** I mailed the copies to the respondent, addressed as shown in item 2, by first-class mail, postage prepaid, on (date): \_\_\_\_\_ from (city): \_\_\_\_\_

(1) ☐ with two copies of the *Notice and Acknowledgment of Receipt (Family Law)* (form FL-117) and a postage-paid return envelope addressed to me. **(Attach completed Notice and Acknowledgment of Receipt (Family Law) (form FL-117).)** (Code Civ. Proc., § 415.30.)

(2) ☐ to an address outside California (by registered or certified mail with return receipt requested). **(Attach signed return receipt or other evidence of actual delivery to the respondent.)** (Code Civ. Proc., § 415.40.)

d. ☐ **Other** (specify code section): \_\_\_\_\_

☐ Continued on Attachment 3d.

4. The "NOTICE TO THE PERSON SERVED" on the *Summons* was completed as follows (Code Civ. Proc., §§ 412.30, 415.10, 474):

a. ☐ As an individual **or**

b. ☐ On behalf of respondent who is a

(1) ☐ minor. (Code Civ. Proc., § 416.60.)

(2) ☐ ward or conservatee. (Code Civ. Proc., § 416.70.)

(3) ☐ other (specify): \_\_\_\_\_

#### 5. Person who served papers

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

This person is

a. ☐ exempt from registration under Business and Professions Code section 22350(b).

b. ☐ not a registered California process server.

c. ☐ a registered California process server: ☐ an employee or ☐ an independent contractor

(1) Registration no.: \_\_\_\_\_

(2) County: \_\_\_\_\_

d. **The fee** for service was (specify): \$ \_\_\_\_\_

6. ☐ **I declare** under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

—or—

7. ☐ **I am a California sheriff, marshal, or constable**, and I certify that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
(NAME OF PERSON WHO SERVED PAPERS)

\_\_\_\_\_  
(SIGNATURE OF PERSON WHO SERVED PAPERS)

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):   TELEPHONE NO.: _____ FAX NO. (Optional): _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER: RESPONDENT: OTHER:	
<b>NOTICE AND ACKNOWLEDGMENT OF RECEIPT</b>	CASE NUMBER:

To (name of individual being served): \_\_\_\_\_

### NOTICE

The documents identified below are being served on you by mail with this acknowledgment form. You must personally sign, or a person authorized by you must sign, this form to acknowledge receipt of the documents.

If the documents described below include a summons and you fail to complete and return this acknowledgment form to the sender within 20 days of the date of mailing, you will be liable for the reasonable expenses incurred after that date in serving you or attempting to serve you with these documents by any other methods permitted by law. If you return this form to the sender, service of a summons is deemed complete on the date you sign the acknowledgment of receipt below. This is **not** an answer to the action. If you do not agree with what is being requested, you must submit a completed *Response* form to the court within 30 calendar days.

Date of mailing: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF SENDER—MUST NOT BE A PARTY IN THIS CASE  
AND MUST BE 18 OR OLDER)

### ACKNOWLEDGMENT OF RECEIPT (To be completed by sender before mailing)

I agree I received the following:

- a. ☐ Family Law: *Petition* (form FL-100), *Summons* (form FL-110), and blank *Response* (form FL-120)
- b. ☐ Family Law—Domestic Partnership: *Petition—Domestic Partnership* (form FL-103), *Summons* (form FL-110), and blank *Response—Domestic Partnership* (form FL-123)
- c. ☐ Uniform Parentage: *Petition to Establish Parental Relationship* (form FL-200), *Summons* (form FL-210), and blank *Response to Petition to Establish Parental Relationship* (form FL-220)
- d. ☐ Custody and Support: *Petition for Custody and Support of Minor Children* (form FL-260), *Summons* (form FL-210), and blank *Response to Petition for Custody and Support of Minor Children* (form FL-270)
- e. ☐ (1) ☐ Completed and blank *Declaration Under Uniform Child Custody Jurisdiction and Enforcement Act (UCCJEA)* (form FL-105)
- (2) ☐ Completed and blank *Declaration of Disclosure* (form FL-140)
- (3) ☐ Completed and blank *Schedule of Assets and Debts* (form FL-142)
- (4) ☐ Completed and blank *Income and Expense Declaration* (form FL-150)
- (5) ☐ Completed and blank *Financial Statement (Simplified)* (form FL-155)
- (6) ☐ *Order to Show Cause* (form FL-300), *Application for Order and Supporting Declaration* (form FL-310), and blank *Responsive Declaration to Order to Show Cause or Notice of Motion* (form FL-320)
- (7) ☐ Other (specify): \_\_\_\_\_

**(To be completed by recipient)**

Date this acknowledgment is signed: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PERSON ACKNOWLEDGING RECEIPT)

# **INFORMATION SHEET ON WAIVER OF COURT FEES AND COSTS (California Rules of Court, rule 985)**

If you have been sued or if you wish to sue someone, and if you cannot afford to pay court fees and costs, you may not have to pay them if:

1. You are receiving **financial assistance** under one or more of the following programs:

- SSI and SSP (Supplemental Security Income and State Supplemental Payments Programs)
- CalWORKs (California Work Opportunity and Responsibility to Kids Act, implementing TANF, Temporary Assistance for Needy Families, formerly AFDC, Aid to Families with Dependent Children Program)
- The Food Stamp Program
- County Relief, General Relief (G.R.), or General Assistance (G.A.)

If you are claiming eligibility for a waiver of court fees and costs because you receive financial assistance under one or more of these programs, and you did not provide your Medi-Cal number or your social security number and birthdate, you must produce documentation confirming benefits from a public assistance agency or one of the following documents, unless you are a defendant in an unlawful detainer action:

PROGRAM	VERIFICATION
SSI/SSP	Medi-Cal Card or Notice of Planned Action or SSI Computer-Generated Printout or Bank Statement Showing SSI Deposit or "Passport to Services"
CalWORKs/TANF (formerly known as AFDC)	Medi-Cal Card or Notice of Action or Income and Eligibility Verification Form or Monthly Reporting Form or Electronic Benefit Transfer Card or "Passport to Services"
Food Stamp Program	Notice of Action or Food Stamp ID Card or "Passport to Services"
General Relief/General Assistance	Notice of Action or Copy of Check Stub or County Voucher

-OR-

2. Your total gross **monthly household income** is less than the following amounts:

NUMBER IN FAMILY	FAMILY INCOME
1	\$ 1,020.83
2	1,375.00
3	1,729.16
4	2,083.33
5	2,437.50

NUMBER IN FAMILY	FAMILY INCOME
6	\$ 2,791.66
7	3,145.83
8	3,500.00
Each additional	354.16

-OR-

3. Your income is not enough to pay for the common **necessaries** of life for yourself and the people you support and also pay court fees and costs.

**To apply, fill out the Application for Waiver of Court Fees and Costs (form 982(a)(17)) available from the clerk's office. If you claim no income, you may be required to file a declaration under penalty of perjury. Prison and jail inmates may be required to pay up to the full amount of the filing fee.**

If you have any questions and cannot afford an attorney, you may wish to consult the legal aid office, legal services office, or lawyer referral service in your county (listed in the Yellow Pages under "Attorneys").

If you are asking for review of the decision of an administrative body under Code of Civil Procedure section 1094.5 (administrative mandate), you may ask for a transcript of the administrative proceedings at the expense of the administrative body.



PLAINTIFF/PETITIONER: DEFENDANT/RESPONDENT:	CASE NUMBER:
--	--------------

### FINANCIAL INFORMATION

8. ☐ My pay changes considerably from month to month. **[If you check this box, each of the amounts reported in item 9 should be your average for the past 12 months.]**
9. **MY MONTHLY INCOME**
- a. My gross monthly pay is: ..... \$ \_\_\_\_\_
- b. **My payroll deductions are (specify purpose and amount):**
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- My TOTAL payroll deduction amount is: \$ \_\_\_\_\_
- c. My monthly take-home pay is (a. minus b.): ..... \$ \_\_\_\_\_
- d. Other money I get each month is (specify **source and amount**; include spousal support, child support, parental support, support from outside the home, scholarships, retirement or pensions, social security, disability, unemployment, military basic allowance for quarters (BAQ), veterans payments, dividends, interest or royalty, trust income, annuities, net business income, net rental income, reimbursement of job-related expenses, and net gambling or lottery winnings):
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
- The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9d.)
- e. **MY TOTAL MONTHLY INCOME IS**  
(c. plus d.): ..... \$ \_\_\_\_\_
- f. Number of persons living in my home: \_\_\_\_\_  
Below list all the persons living in your home, including your spouse, who depend in whole or in part on you for support, or on whom you depend in whole or in part for support:
- | Name      | Age   | Relationship | Gross Monthly Income |
|-----------|-------|--------------|----------------------|
| (1) _____ | _____ | _____        | \$ _____             |
| (2) _____ | _____ | _____        | \$ _____             |
| (3) _____ | _____ | _____        | \$ _____             |
| (4) _____ | _____ | _____        | \$ _____             |
| (5) _____ | _____ | _____        | \$ _____             |
- The TOTAL amount of other money is: \$ \_\_\_\_\_  
(If more space is needed, attach page labeled Attachment 9f.)
- g. **MY TOTAL GROSS MONTHLY HOUSEHOLD INCOME IS**  
(a. plus d. plus f.): ..... \$ \_\_\_\_\_
10. **I own or have an interest in the following property:**
- a. Cash ..... \$ \_\_\_\_\_
- b. Checking, savings, and credit union accounts (list banks):
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
10. c. Cars, other vehicles, and boats (list make, year, fair market value (FMV), and loan balance of each):
- | Property  | FMV      | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____     |
| (2) _____ | \$ _____ | \$ _____     |
| (3) _____ | \$ _____ | \$ _____     |
- d. Real estate (list address, estimated fair market value (FMV), and loan balance of each property):
- | Property  | FMV      | Loan Balance |
|-----------|----------|--------------|
| (1) _____ | \$ _____ | \$ _____     |
| (2) _____ | \$ _____ | \$ _____     |
| (3) _____ | \$ _____ | \$ _____     |
- e. Other personal property — jewelry, furniture, furs, stocks, bonds, etc. (list separately):  
\$ \_\_\_\_\_
11. **My monthly expenses not already listed in item 9b above are the following:**
- |   |          |
|---|----------|
| a. Rent or house payment & maintenance                        | \$ _____ |
| b. Food and household supplies                                | \$ _____ |
| c. Utilities and telephone                                    | \$ _____ |
| d. Clothing   | \$ _____ |
| e. Laundry and cleaning                                       | \$ _____ |
| f. Medical and dental payments                                | \$ _____ |
| g. Insurance (life, health, accident, etc.)                   | \$ _____ |
| h. School, child care   | \$ _____ |
| i. Child, spousal support (prior marriage)                    | \$ _____ |
| j. Transportation and auto expenses (insurance, gas, repair)  | \$ _____ |
| k. Installment payments (specify <b>purpose and amount</b> ): |          |
| (1) _____   | \$ _____ |
| (2) _____   | \$ _____ |
| (3) _____   | \$ _____ |
- The TOTAL amount of monthly installment payments is: ..... \$ \_\_\_\_\_
- l. Amounts deducted due to wage assignments and earnings withholding orders: \$ \_\_\_\_\_
- m. Other expenses (specify):
- |           |          |
|-----------|----------|
| (1) _____ | \$ _____ |
| (2) _____ | \$ _____ |
| (3) _____ | \$ _____ |
| (4) _____ | \$ _____ |
| (5) _____ | \$ _____ |
- The TOTAL amount of other monthly expenses is: ..... \$ \_\_\_\_\_
- n. **MY TOTAL MONTHLY EXPENSES ARE**  
(add a. through m.): ..... \$ \_\_\_\_\_
12. Other facts that support this application are (describe unusual medical needs, expenses for recent family emergencies, or other unusual circumstances or expenses to help the court understand your budget; if more space is needed, attach page labeled Attachment 12):

**WARNING: You must immediately tell the court if you become able to pay court fees or costs during this action. You may be ordered to appear in court and answer questions about your ability to pay court fees or costs.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address):   TELEPHONE NO.: _____ FAX NO.: _____ E-MAIL ADDRESS (Optional): _____ ATTORNEY FOR (Name): _____	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	CASE NUMBER:
PLAINTIFF/ PETITIONER:	
DEFENDANT/ RESPONDENT:	
<b>ORDER ON APPLICATION FOR WAIVER OF COURT FEES AND COSTS</b>	

1. The application was filed on (date): \_\_\_\_\_ ☐ A previous order was issued on (date): \_\_\_\_\_
2. The application was filed by (name): \_\_\_\_\_
3. ☐ IT IS ORDERED that the application is **granted** ☐ in whole ☐ in part (complete item 4 below).
  - a. ☐ **No payments.** Payment of all the fees and costs listed in California Rules of Court, rule 985(i), **is waived.**
  - b. ☐ **The applicant shall pay** all the fees and costs listed in California Rules of Court, rule 985(i), EXCEPT the following:
 

(1) <input type="checkbox"/> Filing papers.	(6) <input type="checkbox"/> Sheriff and marshal fees.
(2) <input type="checkbox"/> Certification and copying.	(7) <input type="checkbox"/> Reporter's fees* (valid for 60 days).
(3) <input type="checkbox"/> Issuing process and certification.	(8) <input type="checkbox"/> Telephone appearance (Gov. Code, § 68070.1(c)).
(4) <input type="checkbox"/> Transmittal of papers.	(9) <input type="checkbox"/> Other (specify code section): _____
(5) <input type="checkbox"/> Court-appointed interpreter.	

\* Reporter's fees are per diem pursuant to Code Civ. Proc., §§ 269, 274c, and Gov. Code, §§ 69947, 69948, and 72195.
  - c. **Method of payment.** The applicant shall pay all the fees and costs when charged, EXCEPT as follows:  
 (1) ☐ Pay (specify): \_\_\_\_\_ percent. (2) ☐ Pay: \$ \_\_\_\_\_ per month or more until the balance is paid.
  - d. The clerk of the court, county financial officer, or appropriate county officer is authorized to require the applicant to appear before and be examined by the court no sooner than four months from the date of this order, and not more than once in any four-month period. ☐ The applicant is ordered to appear in this court as follows for review of his or her financial status:  

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
  - e. ☐ The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.
  - f. **All unpaid fees and costs shall be deemed to be taxable costs if the applicant is entitled to costs and shall be a lien on any judgment recovered by the applicant and shall be paid directly to the clerk by the judgment debtor upon such recovery.**
4. ☐ IT IS ORDERED that the application is **denied** ☐ in whole ☐ in part for the following reasons (see Cal. Rules of Court, rule 985):
  - a. ☐ Monthly household income exceeds guidelines (Gov. Code, § 68511.3(a)(6)(B); form 982(a)(17)(A)).
  - b. ☐ Other (Complete line 4b on page 2).
  - c. The applicant shall pay any fees and costs due in this action within 10 days from the date of service of this order or any paper filed by the applicant with the clerk will be of no effect.
  - d. The clerk is directed to mail a copy of this order to all parties who have appeared in this action.
5. ☐ IT IS ORDERED that a **hearing** be held.
  - a. The substantial evidentiary conflict to be resolved by the hearing is (specify): \_\_\_\_\_
  - b. The applicant should appear in this court at the following hearing to help resolve the conflict:  

Date:	Time:	Dept.:	Div.:	Room:
-------	-------	--------	-------	-------
  - c. The address of the court is (specify):  
☐ Same as above
  - d. The clerk is directed to mail a copy of this order only to the applicant's attorney or to the applicant if not represented.

**NOTICE: If item 3d or item 5b is filled in and the applicant does not attend the hearing, the court may revoke or change the order or deny the application without considering information the applicant wants the court to consider.**

**WARNING: The applicant must immediately tell the court if he or she becomes able to pay court fees or costs during this action. The applicant may be ordered to appear in court and answer questions about his or her ability to pay fees or costs.**

Date: \_\_\_\_\_

☐ \_\_\_\_\_, Clerk, by \_\_\_\_\_, Deputy  
 JUDICIAL OFFICER

(Clerk may GRANT in full a nondiscretionary fee waiver; see Cal. Rules of Court, rule 985(d))

Page 1 of 2



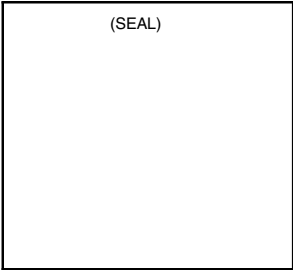
PLAINTIFF/PETITIONER (Name):	CASE NUMBER:
DEFENDANT/RESPONDENT (Name):	

4b ☐ Application is denied in whole or in part (specify reasons):

CLERK'S CERTIFICATE OF MAILING

I certify that I am not a party to this cause and that a true copy of the foregoing was mailed first class, postage prepaid, in a sealed envelope addressed as shown below, and that the mailing of the foregoing and execution of this certificate occurred at (place): , California, on (date):

	Clerk, by _____, Deputy
<div></div>	<div></div>
<div></div>	<div></div>



CLERK'S CERTIFICATE

I certify that the foregoing is a true and correct copy of the original on file in my office.

Date: Clerk, by \_\_\_\_\_, Deputy

**Do not fill out the next two forms. These forms will be served on your spouse.**

- NOTICE: You may redact (black out) social security numbers from any written material filed with the court in this case other than a form used to collect child or spousal support.**

MARRIAGE OF <i>(last name, first name of parties)</i> :  _____	CASE NUMBER:  _____
--	---------------------------

**5. DECLARATION REGARDING COMMUNITY AND QUASI-COMMUNITY ASSETS AND DEBTS AS CURRENTLY KNOWN**

- a. ☐ There are no such assets or debts subject to disposition by the court in this proceeding.
- b. ☐ All such assets and debts are listed ☐ in *Property Declaration* (form FL-160) ☐ in Attachment 5b.  
☐ below (*specify*):

6. ☐ **Respondent contends** that the parties were never legally married.
7. ☐ **Respondent denies** the grounds set forth in item 6 of the petition.

**8. Respondent requests**

- |  |  |
|--|--|
| <p>a. <input type="checkbox"/> dissolution of the marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>b. <input type="checkbox"/> legal separation of the parties based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> irreconcilable differences. (Fam. Code, § 2310(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> incurable insanity. (Fam. Code, § 2310(b).)</p> <p>c. <input type="checkbox"/> nullity of void marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> incestuous marriage. (Fam. Code, § 2200.)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> bigamous marriage. (Fam. Code, § 2201.)</p> | <p>d. <input type="checkbox"/> nullity of voidable marriage based on</p> <p style="margin-left: 20px;">(1) <input type="checkbox"/> respondent's age at time of marriage. (Fam. Code, § 2210(a).)</p> <p style="margin-left: 20px;">(2) <input type="checkbox"/> prior existing marriage. (Fam. Code, § 2210(b).)</p> <p style="margin-left: 20px;">(3) <input type="checkbox"/> unsound mind. (Fam. Code, § 2210(c).)</p> <p style="margin-left: 20px;">(4) <input type="checkbox"/> fraud. (Fam. Code, § 2210(d).)</p> <p style="margin-left: 20px;">(5) <input type="checkbox"/> force. (Fam. Code, § 2210(e).)</p> <p style="margin-left: 20px;">(6) <input type="checkbox"/> physical incapacity. (Fam. Code, § 2210(f).)</p> |
|--|--|

**9. Respondent requests** that the court grant the above relief and make injunctive (including restraining) and other orders as follows:

- |  | Petitioner               | Respondent               | Joint                    | Other                    |
|--|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Legal custody of children to .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Physical custody of children to .....   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Child visitation be granted to .....  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| As requested in form: <input type="checkbox"/> FL-311 <input type="checkbox"/> FL-312 <input type="checkbox"/> FL-341(C) <input type="checkbox"/> FL-341(D) <input type="checkbox"/> FL-341(E) <input type="checkbox"/> Attachment 9c. |                          |                          |                          |                          |
| d. <input type="checkbox"/> Determination of parentage of any children born to the Petitioner and Respondent prior to the marriage.  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| e. Attorney fees and costs payable by .....  | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| f. Spousal support payable to (wage assignment will be issued) .....   | <input type="checkbox"/> | <input type="checkbox"/> |                          |                          |
| g. <input type="checkbox"/> Terminate the court's jurisdiction (ability) to award spousal support to Petitioner.   |                          |                          |                          |                          |
| h. <input type="checkbox"/> Property rights be determined.   |                          |                          |                          |                          |
| i. <input type="checkbox"/> Respondent's former name be restored to ( <i>specify</i> ):  |                          |                          |                          |                          |
| j. <input type="checkbox"/> Other ( <i>specify</i> ):  |                          |                          |                          |                          |

☐ Continued on Attachment 9j.

**10. Child support**— If there are minor children born to or adopted by the Petitioner and Respondent before or during this marriage, the court will make orders for the support of the children upon request and submission of financial forms by the requesting party. An earnings assignment may be issued without further notice. Any party required to pay support must pay interest on overdue amounts at the "legal" rate, which is currently 10 percent.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)

Date:

\_\_\_\_\_  
(TYPE OR PRINT NAME)



\_\_\_\_\_  
(SIGNATURE OF RESPONDENT)

\_\_\_\_\_  
(SIGNATURE OF ATTORNEY FOR RESPONDENT)

**The original response must be filed in the court with proof of service of a copy on Petitioner.**

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):      <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.:</div> <div>FAX NO. (Optional):</div> </div> E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):	<b>FOR COURT USE ONLY</b>
<b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>  STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
PETITIONER:  RESPONDENT:	
<b>DECLARATION UNDER UNIFORM CHILD CUSTODY JURISDICTION AND ENFORCEMENT ACT (UCCJEA)</b>	CASE NUMBER:

1. I am a party to this proceeding to determine custody of a child.
2. ☐ My present address is not disclosed. It is confidential under Family Code section 3429. I have listed the address of the children presently residing with me as confidential.
3. (Number): \_\_\_\_\_ minor children are subject to this proceeding as follows:  
*(Insert the information requested below. The residence information must be given for the last FIVE years.)*

a. Child's name		Place of birth	Date of birth	Sex
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				
to				
b. Child's name		Place of birth	Date of birth	Sex
<input type="checkbox"/> Residence information is the same as given above for child a. (If NOT the same, provide the information below.)				
Period of residence	Address	Person child lived with (name and present address)		Relationship
to present	<input type="checkbox"/> Confidential			
to				
to				
to				

C. ☐ Additional children are listed on Attachment 3c. (Provide all requested information for additional children.)

